

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** UNIVERSITY OF SAINT THOMAS

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 2115 SUMMIT AVENUE, SAINT PAUL, MN 55105

**Name of Agent Designated to Receive Notification of Claimed Infringement:** JOHN BURKE

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
JOHN BURKE, MAIL STOP AQU013, UNIVERSITY OF ST. THOMAS  
2115 SUMMIT AVE, ST. PAUL, MN 55105

**Telephone Number of Designated Agent:** (651) 962-6202

**Facsimile Number of Designated Agent:** (651) 962-6210

**Email Address of Designated Agent:** JE.BURKE@STTHOMAS.EDU

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 17 April 2000

**Typed or Printed Name and Title:** JOHN BURKE, DIRECTOR FOR NETWORK SERVICES

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

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